Fill	in this information t	o identify your ca	ase:											
Del	btor 1	1 Vincent Ray Akers												
1	otor 2 Candi Louise Akers													
Uni	ited States Bankrup	tcy Court for the	NORTHERN DISTRIC	CT OF CALIFORNIA										
Case number 13-46458							Che	ck if this is	:					
(If known)				-				An amend	ed filing					
_										ing post-petition following date:				
<u>O</u>	fficial Form	B 6I					Ī	MM / DD/ `	YYYY					
S	chedule I:	Your Inco	ome								12/13			
atta	ch a separate she	et to this form. (	r spouse is not filing wi	onal pages, write yo				umber (if	known).	Answer every				
••	information.	oyo		Debtor 1	Debtor 1					Debtor 2 or non-filing spouse				
	If you have more attach a separate	•	Employment status	<b>y</b> Employed				<b>✓</b> Employed						
	information about					Not employed								
	employers.		Occupation Field Supervisor											
	Include part-time, self-employed wo		Employer's name	Elite Builder Services  1903 Rutan Drive Livermore, CA 94551				Housewife						
	Occupation may i or homemaker, if		Employer's address											
			How long employed t	here? Since 9	9/15			_						
Pai	rt 2: Give De	tails About Mor	thly Income											
spoo	use unless you are	separated. spouse have mo	ate you file this form. If one than one employer, countries form.		·		oyers for	that perso	on on the	lines below. If	J			
							For De	btor 1		ebtor 2 or iling spouse				
2.			ry, and commissions (be calculate what the monthle		2.	\$	11	,832.00	\$	0.00				
3.	Estimate and list monthly overtime pay.				3.	+\$		0.00	+\$	0.00				
4.	Calculate gross	Income. Add lin	e 2 + line 3.		4.	\$	11,8	32.00	\$_	0.00				

Debtor 1 Vincent Ray Akers
Candi Louise Akers

Case number (if known)

13-46458

					For Debtor 1			For Debtor 2 or non-filing spouse			
	Сору	/ line 4 here	4.		\$	11,832	2.00	\$	Jii-iiiiig .	0.00	_
5.	List a	all payroll deductions:									
	5a.				\$	3,716	5.00	\$		0.00	
	5b.	Mandatory contributions for retirement plans	5b.		\$		0.00	\$		0.00	-
	5c.	Voluntary contributions for retirement plans	5c.		\$		0.00	\$		0.00	-
	5d.	Required repayments of retirement fund loans	5d.		\$	(	0.00	\$		0.00	-
	5e.	Insurance	5e.		\$	(	0.00	\$		0.00	-
	5f.	Domestic support obligations	5f.		\$	(	0.00	\$		0.00	-
	5g.	Union dues	5g.		\$		0.00	\$		0.00	_
	5h.	Other deductions. Specify:	_ 5h.	.+	\$	(	0.00	+ \$		0.00	-
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	3,716	6.00	\$		0.00	-
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.			\$	8,116	6.00	\$		0.00	-
8.	List a 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.		\$	(	0.00	\$		0.00	
	8b.	Interest and dividends	8b.		\$	(	0.00	\$		0.00	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce			Φ.			œ.			-
	04	settlement, and property settlement.  Unemployment compensation	8c. 8d.		\$ \$		0.00	\$		0.00	-
	8d. 8e.	Social Security	8e.		<sup>Ф</sup> —		0.00	\$ \$		0.00	-
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.		\$	(	0.00	\$		0.00	-
	8g.	Pension or retirement income	 8g.		\$	(	0.00	\$		0.00	-
	8h.	Other monthly income. Specify:	8h.	.+	\$	(	0.00	+ \$		0.00	-
9.	Add	Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.		\$	S	(	0.00	\$_		0.00	D
10.	Calcı	ulate monthly income. Add line 7 + line 9.	10.	\$		8,116.00	+ \$		0.00	= \$	8,116.00
	Add t	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.				,					
11.	State all other regular contributions to the expenses that you list in Schedule J.  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedu Specify:							Schedul	e J. +\$	0.00	
12.	Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies								\$	8,116.00	
13.	Do yo	ou expect an increase or decrease within the year after you file this form No.	?							Combin monthl	ned y income
	<b>√</b>	Yes. Explain: Debtor had double knee replacement surgery in surgery, he is unable to do his former job. He is and expects to earn \$11,832 per month.									